SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT ENTERED BAYFIELD COUNTY, WISCONSIN pate Stamp (Received) MAR 1 0 2017 Bayfield Co. Zoning Dept.

Permit #: 18-0068 Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

TYPE OF PERMIT RE			LAND		VITARY	□ PRIVY □	CONDITIONAL	L USE SPEC	IAL USE	☐ B.O.A	. 🗆 0	THER		
Owner's Name:						Address:	City/S	State/Zip:	1		Telephone	2:		
Adrien C	Las	dig			3/1	31/60 Birch Grouped Wash Dury WISG 715-373-2378								
Address of Property:				~ 1	City/St	ate/Zip:								
31120 B	pivel	16	rove I	Rd	We	SIDUN	WI S		715-292-0656					
Contractor:						ctor Phone:	Cady Pl	HLK	WAF	Plumber (Phone:			
Authorized Agent: (Pe	erson Signi	ng Applica	ation on behalf	of Owner(s))	Agent I	Phone:	Agent Mailing Add	dress (include City)	State/Zip):	VIL		uthorization		
											Attached ☐ Yes	□ No		
PROJECT	Logal F	Descripti	ion: (Lise Ta	x Statement)	PIN: (23	3 digits)	4.19_35	5-004-124		Document:		erty Ownership)		
LOCATION	Legal)escript	Gov't						Subdivisi		Page	s)		
1/4,		1/4	GOVII	2	50			Block(s) 140.	348414131	····				
Section	<u>8</u> _ ,то	ownship	48 N	I, Range <u>04</u>	_ w	Town of:	sclale		Lot Size		Acreag	ge		
					er, Strea	m (incl. Intermittent)	Distance Stru	cture is from Sho		Is Prop	erty in	Are Wetlands		
Shoreland -	-			f Floodplain?		scontinue>			feet	Floodplai		Present?		
	XIs Pi	roperty	Land within	1000 feet of La		d or Flowage scontinue>	//	Distance Structure is from Shoreline			No	No		
Non-Shoreland			is a					- 0	1					
Value at Time			resource full	Gianas ni	No.									
of Completion		Projec	+	# of Stori	es		#		What Ty			VAL.		
* include		Projec		and/or base		Use	of			ary Systen	Water			
donated time & material							bedrooms	bedrooms is on t			the property?			
*AND ALTER	New Construction 1-Story					☐ Seasonal	1 1 5	City						
SMODIAC	SADD Addition/Alteration			☐ 1-Story +	Loft	X Year Round		☐ (New) Sani				Well		
HEIDIC -	version	ersion Z-Story cate (existing bldg) Basemen				X 3			sts) Specify Type: Howing r Vaulted (min 200 gallon)					
Relocate (8 0/											
		erty	1000 011	☐ Foundati										
								□ None						
Existing Structure	e: (if per	mit beir	ng applied fo	r is relevant to	it)	Length: U	O	Width: 2	8	He	eight: 6	26		
Proposed Constru						Length: 4	0	Width: 2	8	He	eight:	16		
Duemas ad I la		1			1 Eddy	Proposed Struct	ure			Dimensio	ns	Square		
Proposed Us	е		Polosiani	Churching (fin						Х	1	Footage		
	}			e (i.e. cabin, h		ture on property	()		1	Х Х)			
Rec'd for Is	suance	9	Residence	with Loft	arrening c	mack, etc.,		(Х)				
Residential MAR 27	Use			with a Por	ch	,		(Х)				
MAR 27	2018			with (2 nd) I	Porch			(Х)				
				with a Dec		1 2	2.)	- (X)				
Secretarial				with (2 nd) I				1	X	1	-			
☐ Commercial	use			with Attac				0 (X	,			
								& food prep faciliti	es) (X	1			
						te)			- (X)			
☐ Municipal U	lse			y Building (-			- 1	X)			
		X	Accessor	y Building Δd	dition/	Iteration (speci	ful 2nd fla	or story	3 (3	28 x 8	0)	SEL		
			7,0003301	, Daniellis Au		(Speci	11	addition	0	-0				
-			Special U	Jse: (explain) _		3			_ (Х)			
143				nal Use: (expla					_ (Х)	1944		
		R		xplain)	X.	,	*		. (Х)	1771		
am (ara) responsible f	for the deta	il and accu nty relying	g any accompan iracy of all informa on this informa	ying information) ha mation I (we) am (ar tion I (we) am (are)	s been exan e) providing providing ir	nined by me (us) and to and that it will be relied or with this application	the best of my (our) kn d upon by Bayfield Cou	AIT WILL RESULT IN P lowledge and belief it is unty in determining whe unty officials charged w	true, correct a ther to issue a ith administer	permit. I (we	inances to h	ave access to the		

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Date

R Washburn

MT STORY Attach

Com Car

Authorized Agent:

Address to send permit _

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

e box below: Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HI) and/or (*) Privy (P)

(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measurement		
Setback from the Centerline of Platted Road	65	Feet		Setback from the Lake (ordinary high-water mark)	NA	Feet	
Setback from the Established Right-of-Way	32	Feet		Setback from the River, Stream, Creek	NA	Feet	
			İR	Setback from the Bank or Bluff	MA	Feet	
Setback from the North Lot Line	90	Feet					
Setback from the South Lot Line	53	Feet	118	Setback from Wetland	NA	Feet	
Setback from the West Lot Line	139	Feet		20% Slope Area on property	Yes	⊠°No	
Setback from the East Lot Line	221	Feet		Elevation of Floodplain	NA	Feet	
Setback to Septic Tank or Holding Tank	6	Feet		Setback to Well	NA	Feet	
Setback to Drain Field	NA	Feet					
Setback to Privy (Portable, Composting)	MA	Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	Sanitary Date: 11/2/14							
Permit Denied (Date):	Reason for Denial:	eason for Denial: # of bedrooms; Sanitary Date: 11/3/19							
Permit #: 18-0068	Permit Date: 4-2	2-18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Record □ Yes) Yes (Deed of Record □ Yes) Yes Y	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No	Affidavit Required Affidavit Attached ☐ Yes ☐ No ☐ Yes ☐ No					
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		Previously Granted by	y Variance (B.O.A.)	e #: NA					
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No	Enisting Bolling	Were Property Line	Yes CSm 502 No						
Inspection Record: Existing Structure	CUP 17-25	50		Zoning District (
Date of Inspection:	Inspected by:	pert Sch	.herman	Date of Re-Inspection:					
Shall Contact Local Uniform UDC Permit if regulard	Ched? Yes No-(IFI	No they need to be attacked at	ched.) Specifien ag	gency and Secure					
Signature of Inspector:				Date of Approval: 3 27/18					
Hold For Sanitary:	Hold For Affid	lavit: 🗆	Hold For Fees:						

own, City, Village, State or Federal Dermits May Also Be Required

LAND USE - X
SANITARY - 14-104S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	0068			Issued	To: Ad	rien (Cady							
Location:	-	1/4	of	-	1/4	Section	18	Township	48	N.	Range	4	W.	Town of	Barksdale
Gov't Lot	Gov't Lot Lot 2			Blo	ck	Sul	odivisio	n				CSM# 5	502		

For: Residential Addition / Alteration: [Second Floor (28' x 20') = 560 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Shall contact UDC inspection agency and secure UDC permit if required by State Statute or contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

April 2, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 0 2 2018

Bayfield Co. Zoning Dept

Permit #: 18-0080 |
Date: 4-5-18 |
Amount Paid: \$75 4-3-18 |
Refund:

INSTRUCTIONS: No per Checks are made payar DO NOT START CONST	ble to: Bayfi	eld Cour	nty Zoning D	epartment.	JED TO API	PLICANT.												
TYPE OF PERMIT R	EQUESTED	-	☑ LAND	USE 🗆 S	SANITAF			□ cc	NDITION			IAL U	SE	☐ B.O		OTI		
Owner's Name:						ling Addres			1 '		te/Zip:					ohone:		
GUV	Fai	SON			30	100 A	VOLAN	DFR	Rd LL)As	HBURN	W	I S	4891	37	3-3	3123	
Address of Property: Sity/State/Zip: 30700 NOLANDER Rd WASHBURN L									Cell Phone:									
30700 NOLANDER RUAD WASHRURN WI 54891										580-8123				8123				
Street Street									Plumber Phone:									
Contractor: Contractor Phone: Plumber:																		
Authorized Agent: (P	Person Signing	Applicati	ion on behalf	of Owner(s))	Age	nt Phone:		Ager	t Mailing A	ddre	ss (include City/	State/Z	ip):		Writ	ten Au	thorization	
,															Atta	ched es 🗆	No	
	Ι				Tax	ID#						Reco	rded	Docume			ty Ownership)	
PROJECT	Legal Des	scriptio	n: (Use Ta	x Statement)	1	143						V.	102	4	P	5	38	
LOCATION			Caulai	at I			Vol & Pag	0	Lot(s) N	ln.	Block(s) No.	Subo	livisio	n:		201		
SW 1/4,	SE 1/	/4	Gov't I	LOT	ot(s)		1036		Locistin		Dioen(o) ito							
							<u>\$28</u> Town of:	7				Lot S	ize.		ΙΔ	creage		
Section/_	3 , Tow	nship	48_ N	, Range	5_ w			Do	KSDALI	_					^	20		
								BAK	KSDAL			66	DX I	1320		O. L	,	
	☐ Is Pro	perty/L	and within	300 feet of	River, St	ream (incl.	. Intermitten	t) [istance Stı	ructu	ire is from Sho	reline	:	Is Pro	operty i	n	Are Wetlands	
	Creek o			f Floodplain		yescon						fe	et		lain Zo	ne?	Present?	
□ Shoreland →	☐ Is Pro	perty/L	and within	1000 feet o					istance St	ructı	ire is from Sho				Yes		☐ Yes	
						yescon		-				fe	et)	ĸ No		ΧNο	
Non-Shoreland																		
Value at Time			171.13						# of			Wha	at Tvi	pe of			Type of	
of Completion		Project		# of St	tories	Fou	ındation		edrooms		Sew			ry Syste	em		Water	
* include donated time &		Toject		# 01 31	Lories			in						operty			property	
material									structure									
	X New 0	Constru	uction	1-Stor	ſγ	□ Ва	asement		1	_ [☐ Municipal/		1400				City	
	☐ Additi	ion/Al	on/Alteration			_	oundatio	-	2	_ [☐ (New) Sanitary Specify Type:						_	
1500	☐ Conve	nversion 2-Story			ry	X S	KIDS		3		Sanitary (E							
	☐ Reloca	ate (exis	sting bldg)							Privy (Pit)				nin 200	gallon	1)		
	☐ Run a	Busine	usiness on			7					Portable (w/service contract)							
	Prope	rty				☐ Year Round ☐ Compost Toile						onet	et					
				l														
						N 31	UMME				None							
Existing Structur	e: (if perm	it being	g applied fo	r is relevant	t to it)	Leng	th:				Width:				Height			
Existing Structur Proposed Constr		it being	g applied fo	r is relevant	t to it)	1. 3	th:	2/		1	Width:	3'			Height Height		2.5'	
		it being	g applied fo	r is relevant	t to it)	Leng	th:	2/		1	Width:	3'		7 14 3	Height		2.5' Square	
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CARMODY VOE N/3/17

box below: Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4) Show: All **Existing Structures** on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHMENT.

See Attached

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent	Description	Measur	rement	
Setback from the Centerline of Platted Road	146	Feet	Setback from the Lake (ordinary high-water mark)	NIA	Feet	
Setback from the Established Right-of-Way	113	Feet	Setback from the River, Stream, Creek	422'	Feet	
			Setback from the Bank or Bluff	230'	Feet	
Setback from the North Lot Line	1163	Feet				
Setback from the South Lot Line	113	Feet	Setback from Wetland	N/A	Feet	
Setback from the West Lot Line	274	Feet	20% Slope Area on the property	X Yes	□No	
Setback from the East Lot Line 38 C	270	Feet	Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	20	Feet	Setback to Well	NIA	Feet	
Setback to Drain Field	57	Feet		. 7 / 17	, , , ,	
Setback to Privy (Portable, Composting)	NIA	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:	son for Denial:							
Permit #: 18-008a	Permit Date: 4-5-18								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes	No Mitigation Require		Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No						
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	Previously Granted ☐ Yes → No	l by Variance (B.O.A.)	e#: NA						
Was Proposed Building Site Delineated Yes No		ines Represented by Owner Was Property Surveyed	Yes No						
	represented by owner e Lu Permit.	appears to be	Zoning District (ASI) Lakes Classification (3)						
Date of Inspection: 4/4/2018		-ierm Av	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Conditions Attack Signature of Inspector:	ched? Yes No – (If No they need to be a	ttached.)	Date of Approval:						
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees: □	4/4/2018						

n the box!

Bayfield County Web AppBuilder



City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Guy & Delores Folsom 18-0082 Issued To: No. $E \frac{1}{2}$ of Barksdale Town of W. 48 Range 13 Township SW 1/4 of SE Section Location: CSM# Subdivision Block Gov't Lot Lot

For: Residential Accessory Structure: [1- Story; Car Port (13' x 21') = 273 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

April 5, 2018

Date